

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-019166

DO NOT WRITE  
ON THIS SUB

AMENDED

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 612

STATE FILE NUMBER

VS 300  
Rev. 4/59

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF  
R.L. Maginn, M.D.  
MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Joseph</b>		Length of stay in 1b <b>38 yrs</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Methodist Hospital</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. CITY OR TOWN <b>St. Joseph</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. STREET ADDRESS <b>3715 So. 11th St.</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>DOROTHY</b> Middle <b>JEAN</b> Last <b>LAWRENCE</b>		4. DATE OF DEATH Month <b>May</b> Day <b>19</b> Year <b>1963</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>11/2/1909</b>
10a. USUAL OCCUPATION: (Give kind of work done during most of working life, even if retired) <b>At home</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	
11. BIRTHPLACE (City and state or country) <b>Forbes Missouri</b>		12. CITIZEN OF WHAT COUNTRY <b>U S A</b>	
13a. FATHER'S NAME <b>Edward Carter</b>		13b. MOTHER'S MAIDEN NAME <b>Lottie Bush</b>	
14. NAME OF HUSBAND OR WIFE <b>Mr. Merle E. Lawrence</b>		Address <b>3715 So. 11th St. Joseph, Mo.</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>[REDACTED]</b>	
17. INFORMANT <b>Mr. Merle E. Lawrence</b>		Address <b>3715 So. 11th St. Joseph, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Mycobacterial infection</b> DUE TO (b) <b>Chronic obstructive pulmonary disease</b> DUE TO (c) <b>[REDACTED]</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <b>7 days</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <b>2:45 P</b> Month, Day, Year <b>5-19-65</b>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <b>St. Joseph, Mo.</b>		
21. I attended the deceased from <b>8-22-55</b> to <b>5-19-65</b> and last saw her alive on <b>5-19-65</b> Death occurred at <b>2:45 P</b> on the date stated above, and to the best of my knowledge, from the causes stated.		22c. DATE SIGNED <b>5-20-63</b>	
22a. SIGNATURE (Degree or title) <b>R.L. Maginn, M.D.</b>		22b. ADDRESS <b>702 John St. St. Joseph, Mo.</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Rem. &amp; Burial</b>	23b. DATE <b>5/22/63</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Moray Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Moray Kansas</b>
24. FUNERAL DIRECTOR <b>Stamley Funeral Home</b>		25. DATE RECD. BY LOCAL REG. <b>May 23, 1963</b>	
26. REGISTRAR'S SIGNATURE <b>Mrs. Clara Standell</b>		27. ADDRESS <b>St. Joseph, Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

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Permit issued 5-20-63

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Charles E. Bennett

Licensed Embalmer No. 4677

P. O. Address St Joseph Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.